

COUNTY OF LOS ANGELES

# SHERIFF'S DEPARTMENT

DATE: January 31, 2002

OFFICE CORRESPONDENCE

FILE:

FROM: RICHARD L. CASTRO, COMMANDER  
TRAINING DIVISION

TO: TERENCE P. JUDGE, CAPTAIN  
PALMDALE STATION

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS  
NON-HIT SHOOTING, JULY 23, 2001, IAB REVIEW #2041062**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on July 23, 2001.

The Committee met on January 31, 2002, and consisted of myself, Commander David Betkey (Commander of the Department) and Commander Patrick Mallon (Commander of the Department). The Committee determined that the use of force by Deputy Frank Rothe # [REDACTED] was within Department policy. **Please advise the deputy of this finding.**

The Committee further directed the Unit Commander conduct a tactical debriefing with the involved deputies, and give consideration to further tactical training for Deputy Rothe.

RLC:KRK:kk

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# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date:	07/23/01	Bureau/Station/Facility:	Palmdale Station / F.O.R. I	Admin. Invest.?	<input type="checkbox"/>	HR?	<input type="checkbox"/>
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### Incident Information

URN:	401-10523-2685-057	Date:	07/23/01	Time:	2232 hours
City or Station:	Littlerock	Nature of Incident: Deputies went in pursuit of a vehicle being driven recklessly. Suspect drove to dead end of street which had changed from asphalt to dirt. Suspect reversed direction, driving at deputies who had stopped. Deputy Rothe fired 8 rounds at vehicle in self-defense.			
Location:	80th St. East, 1/4 mile s/o Pearblossom Hwy				
Location Type (circle one or more):	Lighting (circle only one):	Incident Type (circle one or more):	Initiated by (circle only one):		
Backyard Beach Business Freeway Industrial Park Parking Lot Residence <u>Rural</u> School <u>Street</u> Other:	<u>Darkness</u> Daylight Other Street Lights	Accidental Armed Person <u>Fleeing Suspect</u> Foot Pursuit Gun Take Away <u>Moving Vehicle</u> Sniper/Ambush Stallie Struggle Involved Traffic Stop Unarmed Person Unintentional <u>Vehicle Pursuit</u> Warrant Service	Arrest Warrant Call Observation One Person Unit Other Search Warrant <u>Two Person Unit</u>		
	Weather (circle only one):		Prior Activity (circle only one):		
	<u>Clear</u> Cloudy Fog Rain		Detective Inmate Transport Other <u>Routine Patrol</u>		
	Distance:		Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input type="checkbox"/>		
	20-50 feet				
Total # of Shots Fired by Deputy	Total # of Shots Fired by Suspect	Other:			
8	0				

### Employee Witnesses

Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one):	ShiftType (circle only one):
	Vito	Stephen	M.	EM <u>PM</u> Day	<u>Regular</u> Overtime Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one):	ShiftType (circle only one):
				EM PM Day	Regular Overtime Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one):	ShiftType (circle only one):
				EM PM Day	Regular Overtime Off Duty

### Non-Employee Witnesses

Last Name	FW/34 DOB	First Name	M.I.
Street Address	City	Zip Code	Work Ph
Last Name	MW/34 DOB	First Name	M.I.
Street Address	City	Zip Code	Work Ph
Last Name	FW/58 DOB	First Name	M.I.
Street Address	City	Zip Code	Work Ph

### Supervisors

Employee #	Last Name	First Name	M.I.	(circle one or more):	Witness to shooting
	Hill	Russell	A.	<u>On Duty</u> Present during shooting	Involved in shooting
Employee #	Last Name	First Name	M.I.	(circle one or more):	Witness to shooting
				<u>On Duty</u> Present during shooting	Involved in shooting

### Watch Sergeant

Employee #	Last Name	First Name	M.I.
	Sauer	David	R.

### Watch Commander

Employee #	Last Name	First Name	M.I.
	Burton	Vincent	G.

POST Use Only

SH # SH 2041062



# Officer Involved Shooting Involved Employee Information

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## Involved Employee

<b>E 1</b>	Employee #	Last Name <b>Rothe</b>	First Name <b>Frank</b>	M.I. <b>A.</b>
Sex: <b>M</b>		Race: <b>White</b>	Rank: <b>Deputy</b>	Unit Assignment: <b>Palmdale Station</b>
Shift Time (circle only one): EM <input type="radio"/> PM <input checked="" type="radio"/> Day		Shift Type (circle only one): Regular <input checked="" type="radio"/> Overtime <input type="radio"/> Off Duty	Intoxication/Drug Usage? <input type="checkbox"/>	Work Assignment (Unit #, Module, etc.): <b>266A</b>
Hospital Admission? <input type="checkbox"/>		Hospital Name:	Coroner Case? <input type="checkbox"/>	Coroner Case # Interviewed? <input checked="" type="checkbox"/>
Hrs of sleep prior to shooting: <b>6</b>		Duty Time (hrs):	Clothing (circle only one): Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest <input checked="" type="checkbox"/>	Other Factors: <b>Deputy Rothe worked overtime on dayshift from 0700-1430.</b>
Age: <b>6'01"</b>		Height: <b>205 lbs.</b>	Weight:	
Range Qualification Date:		PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input checked="" type="checkbox"/> Number of Prior Shootings: <b>1</b>
Field Training Officer Emp #		Last Name	First Name	M.I.
Field Training Officer Emp #		Last Name	First Name	M.I.

  

<b>E</b>	Employee #	Last Name	First Name	M.I.
Sex:		Race:	Rank:	Unit Assignment:
Shift Time (circle only one): EM <input type="radio"/> PM <input type="radio"/> Day		Shift Type (circle only one): Regular <input type="radio"/> Overtime <input type="radio"/> Off Duty	Intoxication/Drug Usage? <input type="checkbox"/>	Work Assignment (Unit #, Module, etc.):
Hospital Admission? <input type="checkbox"/>		Hospital Name:	Coroner Case? <input type="checkbox"/>	Coroner Case # Interviewed? <input type="checkbox"/>
Hrs of sleep prior to shooting:		Duty Time (hrs):	Clothing (circle only one): Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest <input type="checkbox"/>	Other Factors:
Age:		Height:	Weight:	
Range Qualification Date:		PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input type="checkbox"/> Number of Prior Shootings:
Field Training Officer Emp #		Last Name	First Name	M.I.
Field Training Officer Emp #		Last Name	First Name	M.I.

  

<b>E</b>	Employee #	Last Name	First Name	M.I.
Sex:		Race:	Rank:	Unit Assignment:
Shift Time (circle only one): EM <input type="radio"/> PM <input type="radio"/> Day		Shift Type (circle only one): Regular <input type="radio"/> Overtime <input type="radio"/> Off Duty	Intoxication/Drug Usage? <input type="checkbox"/>	Work Assignment (Unit #, Module, etc.):
Hospital Admission? <input type="checkbox"/>		Hospital Name:	Coroner Case? <input type="checkbox"/>	Coroner Case # Interviewed? <input type="checkbox"/>
Hrs of sleep prior to shooting:		Duty Time (hrs):	Clothing (circle only one): Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest <input type="checkbox"/>	Other Factors:
Age:		Height:	Weight:	
Range Qualification Date:		PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input type="checkbox"/> Number of Prior Shootings:
Field Training Officer Emp #		Last Name	First Name	M.I.
Field Training Officer Emp #		Last Name	First Name	M.I.

# Officer Involved Shooting Suspect Information

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## Suspect Information

S 1	Last Name UNKNOWN			First Name			M.I.										
	AKA Last Name			First Name			M.I.										
Sex: M		Race: White		Street Address:			City			State & Zip Code:							
Work Phone:			Home Phone:			Social Security #:			Driver's License #:								
Age: 20's			D.O.B.			Height:			Weight:			FBI #			CII #		
Booking #			Primary Charge:						Secondary Charge:								
Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:								
Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>								
Vehicle Make			Model:			Year:			Older smaller blue pick-up with lumber rack								
S	Last Name			First Name			M.I.										
	AKA Last Name			First Name			M.I.										
Sex:		Race:		Street Address:			City			State & Zip Code:							
Work Phone:			Home Phone:			Social Security #:			Driver's License #:								
Age: D.O.B.			Height:			Weight:			FBI #			CII #					
Booking #			Primary Charge:						Secondary Charge:								
Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:								
Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>								
Vehicle Make			Model:			Year:											
S	Last Name			First Name			M.I.										
	AKA Last Name			First Name			M.I.										
Sex:		Race:		Street Address:			City			State & Zip Code:							
Work Phone:			Home Phone:			Social Security #:			Driver's License #:								
Age: D.O.B.			Height:			Weight:			FBI #			CII #					
Booking #			Primary Charge:						Secondary Charge:								
Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:								
Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>								
Vehicle Make			Model:			Year:											
S	Last Name			First Name			M.I.										
	AKA Last Name			First Name			M.I.										
Sex:		Race:		Street Address:			City			State & Zip Code:							
Work Phone:			Home Phone:			Social Security #:			Driver's License #:								
Age: D.O.B.			Height:			Weight:			FBI #			CII #					
Booking #			Primary Charge:						Secondary Charge:								
Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:								
Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>								
Vehicle Make			Model:			Year:											
S	Last Name			First Name			M.I.										
	AKA Last Name			First Name			M.I.										
Sex:		Race:		Street Address:			City			State & Zip Code:							
Work Phone:			Home Phone:			Social Security #:			Driver's License #:								
Age: D.O.B.			Height:			Weight:			FBI #			CII #					
Booking #			Primary Charge:						Secondary Charge:								
Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:								
Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>								
Vehicle Make			Model:			Year:											

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### Non-Employee Witnesses

[illegible]